

RECEIVED

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

APR 21 2014

*MB*  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

DAVID TAYLOR

\_\_\_\_\_  
\_\_\_\_\_  
(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

14CV2925  
JUDGE KENNELLY  
MAGISTRATE JUDGE KIM

vs.

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

COLLEEN GORMAN,

COOK COUNTY PUBLIC

DEFENDERS' OFFICE

\_\_\_\_\_  
\_\_\_\_\_  
(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

- ☒            COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)
- COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)
- OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: DAVID TAYLOR
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 20130603155
- D. Place of present confinement: COOK COUNTY DEPT. OF CORRECTIONS
- E. Address: P.O. Box 089002, CHICAGO, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: COLLEEN GORMAN  
Title: ASSISTANT PUBLIC DEFENDER  
Place of Employment: 69 W. WASHINGTON ST FL 16 CHIC, IL 60602
- B. Defendant: ABISHI C. CUNNINGHAM (RET)  
Title: PUBLIC DEFENDER  
Place of Employment: 69 W. WASHINGTON ST FL 16 CHICAGO, IL 60602
- C. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: \_\_\_\_\_  
\_\_\_\_\_
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_  
\_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I AM WRITING THIS LAWSUIT IN REGARDS TO THE  
INEFFECTIVE ASSISTANCE OF COUNSEL FROM COLLEEN  
GORMAN, AND THE COOK COUNTY PUBLIC DEFENDERS OFFICE..

IN SUPPORT THEREOF, I STATE THE FOLLOWING:

1) ON APPROX: 1-9-13 I WAS APPOINTED A ASSISTANT  
PUBLIC DEFENDER NAMED COLLEEN GORMAN, AND TO THIS  
DATE SHE HAS FAILED TO RENDER ADEQUATE LEGAL  
ASSISTANCE TO ME, IN MY BEST INTEREST...

2) I HAVE ASKED MRS. GORMAN ON NUMEROUS OCCASIONS  
TO HAVE THE CUP + STRAW THAT WAS IN MY CAR TESTED  
FOR MY D.N.A, SHE NEVER HAS.. I HAVE ASKED HER TO SEND  
A INVESTIGATOR OUT TO TALK TO MY WITNESSES,  
THAT CAN HELP ME OUT IN MY DEFENCE, SHE NEVER HAS...  
SHE CONSTANTLY ARGUE'S WITH ME ABOUT MY CASE, LIKE  
I'M THE ONE WRONG.. ALL SHE SAY'S IS, I CAN'T WIN  
THIS CASE, PLEA TO THE CHARGES AND GET A GOOD DEAL...

3) I HAVE ASKED HER TO PLEASE SUBPENA MY MEDICAL  
RECORDS FROM MERCY HOSPITAL, TO HELP ME OUT IN MY CASE,

She never HAS...

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

FOR THEIR INEFFECTIVE ASSISTANCE OF COUNSEL, THEY  
PAY FOR AN ATTORNEY FEES WITH THE APPOINTING  
OF A BAR ASSOCIATION OR A COURT APPOINTED ATTORNEY  
NOT IN THE PUBLIC DEFENDER'S OFFICE.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 16<sup>th</sup> day of April, 20 14

David Taylor

(Signature of plaintiff or plaintiffs)

DAVID TAYLOR

(Print name)

20130603155

(I.D. Number)

P.O. Box 089002

CHICAGO, IL 60608

(Address)